cure, are facts the more valuable, because of the concurring testimony afforded by the valuable case of Dr. Corrigan."

Dr. Corrigan's case happens to be more concise than Dr. Cane's, for which, and for no other reason, we cite *it*. To Dr. Cane is due the merit of the paper.

Case. On the 14th August, 1839, Mr. A. aged 40, called on Dr. Corrigan.

"As he entered my study, his aspect seemed that of a man in the last stage of valvular heart disease: his countenance was sunken and anxious, his lips were bluish, and his respiration so laboured as to be almost painful to look at; each inspiration was accompanied with a wheezing, so loud that, at first, I thought it was produced in the larynx, but his voice was unaltered. He told me that, notwithstanding his apparent distress of breathing, he was at that moment comparatively easy; that at times the distress of breathing became most severe. On several occasions within the last three weeks, he had attacks of suffocation, coming on in the course of the night, lasting so long as half an hour, and as he described them, threatening almost death. Sometimes, for hours, he has been obliged to sit up, with the window open. These fits terminated in expectoration. He has no palpitations; his appetite is good, and his bowels are regular, he attributes his illness to cold, as its commencing cause, caught about twelve months since, when, after exposure on a coach, he got cough; then in the spring, influenza; and within the last three weeks the suffocative attacks. On examining the chest, I found the sounds of the heart quite natural, and the sound on percussion over the chest good; but on applying the stethoscope under the right clavicle, my attention was at once suddenly arrested by the great irregularity of the respiratory murmur. At one moment the respiratory murmur was very loud, and the next instant it was nearly inaudible. The clear wheeze, above noticed, (*rale sibilant*) was immoderately loud and piercing under the right clavicle, but on tracing upwards with the stethoscope, it became less loud as the stethoscope approached the larynx. These singular varieties in the respiration made me suspect the existence of aneurism or tumours, &c., pressing on the larger bronchia, but I sought in vain for any sign of their existence. I then desired him to cough very freely. He coughed, hard and with a bronchitic ringing, for some moments, and after some efforts expectorated four or five bronchial polypi or moulds of lymph of the bronchial tubes. Of these plastic concretions, one was as thick as a small-sized goose-quill and about an inch and a half long; several were much smaller in diameter, but longer, and all were white, opake, and remarkably tough. The expulsion of these plastic secretions was immediately followed by a very remarkable change in the state of respiration. The respiratory murmur instantly became suddenly loud, and equal in both lungs, and the wheezing ceased, nor could he again, by coughing or by any effort, reproduce it. The nature of the case was now clear: some of the bronchial tubes had taken on this plastic secretion, and as this formed each successive night, it blocked up the bronchial tubes, until, at last, the obstruction in these tubes rose to such a height as to bring on impending suffocation. From this he only got relief by fits of coughing, which dislodged the secretion, and then there was an interval of ease until the secretion began again to be formed.

Dr. Corrigan directed the cessation of the antispasmodics, &c., and ordered him 10 gr. of hyd. c. magnesia three times a-day, with full doses of aqua kal caustici, and desired him to inhale, twice a-day, the steam of water in which conium leaves were infused. In five days the mouth grew sore, the plastic secretion ceased, and on the 26th inst. the patient was well.—*Med. Chir. Rev.* from *Dublin Journal*, March, 1840.

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27. *Abscess between Pharynx and Spine.*—Dr. Fleming relates two highly interesting cases, and adds many observations, illustrative of the occurrence of acute suppuration in the loose cellular tissue behind the pharynx. We shall take the first case.

Case. It was that of a boy. His age was three years and a half, and in appearance he was healthy. The premonitory symptoms of his attack, at first

mild, after about thirty-six hours, assumed most intense severity, and without unnecessarily particularizing their progress, it may be stated, that the most aggravated form of high inflammatory fever set in, principally engaging the cerebral organs, and requiring the most energetic treatment to combat it. On about the fourth day, convalescence appeared established. But from day to day a peculiar fixed position of the head, and stiffness in the neck, now attracted attention. The head was drawn back. The muscles, at first tense, became completely and permanently rigid, and the movements of the head painful, and remarkably limited. Soreness in the throat was complained of, and also great difficulty in swallowing, at times accompanied with violent spasmodic efforts. There was no cough, and the voice remained perfect. The articulation became remarkable—the words being as if drawled out with pain and difficulty, and at times perfectly unintelligible.

Repeated and careful examination of the fauces and neck could not detect any apparent local cause for those symptoms, which, with varied degrees of intensity, advanced, producing equally alarming constitutional disturbance and debility. The treatment adopted was principally with the view of promoting the absorption of any fluid effused in the cerebrum, and consisted chiefly in the exhibition of mild mercurial alteratives, and the application of counter-irritants to the region of the occiput.

"On about the tenth day, the symptoms had reached their acmé; the child, emaciated and weakened, had no relish for food, and appeared to drink merely to allay thirst, the efforts at swallowing being convulsive and painful. He was now in a perfect state of somnolency, regardless of every thing about him, when accidentally, whilst sitting beside his bed, I perceived that *position* most remarkably influenced the severity of the prominent symptoms. Stupor in the recumbent posture, almost amounting to perfect coma, in the sitting, or even semi-erect, resolved itself into a comparative sensibility. Respiration slow, laboured, and stertorous, or rather roaring, (as described by the attendants on the child,) in the former position, became comparatively tranquil in the latter, and a pulse, in the one, ranging only a beat or so above forty, in the other, assumed a more natural character. Again, fluids were more frequently darted convulsively forwards through the nostrils or mouth, than passed into the stomach, or were ejected, as in the act of vomiting, and the recurrence of the symptoms of cerebral compression took place on returning to the recumbent posture, which for the last three days had been almost the permanent one.

I now considered that this relation of symptoms might still be caused by mechanical obstruction in the pharynx, although repeated examinations on former occasions did not lead me to this conclusion. An additional obstacle presented itself in the fixed position of the jaws, so that it was only by considerable force I could so far separate them as to admit of even getting my little finger between them. On forcing it back, I accidentally, but distinctly, felt a tumefaction beyond the base of the tongue, giving, as well as a compressed finger could indicate, it, a sense of yielding. To get a view of it was utterly impossible. The soft palate and uvula were easily discernible, but the depression of the tongue gave so much pain, and the separation of the jaws was so very limited, that further investigation was totally out of the question. Indeed, in addition, the evidence, even from touch, was necessarily momentary, from the severe paroxysms of dyspnœa attendant on the examination.

Although I had never heard of, nor witnessed a case of the kind before in children, it at once occurred to me, that this might be an abscess at the back of the pharynx, mechanically producing the above symptoms, and having stated this as my opinion to the family, the assistance of Dr. Crampton and Mr. Cusack was immediately procured. After a patient, though extremely unsatisfactory examination, they coincided in opinion with me as to the presence of a tumour in the situation alluded to, and it was determined that I should perforate it with an explorator which I had provided for the purpose, with the view of ascertaining its actual nature—a doubt existing on this head, not alone from the extreme firmness of the tumour communicating a very indistinct sense of

fluctuation, but also on account of its probable anomalous nature from the previous acute and present chronic cephalic symptoms. With every necessary precaution I accomplished this object, though with considerable difficulty, and to my great gratification, witnessed the sudden gushing forth of a large quantity of healthy purulent matter. The whole features of the case were almost instantaneously altered. The somnolency was removed, deglutition was facilitated, and more cheering prospects manifested themselves. Nourishment was freely given throughout the day, and quinine administered in small and repeated doses."

The symptoms were returning in the evening, when Dr. Fleming found, on examination, that the abscess was again filled and the opening closed. He introduced a carefully protected sharp pointed bistoury, into the site of the opening, and freely enlarged it downwards. The relief was instantaneous. He directed the trunk of the child to be elevated as much as possible, and the head depressed. The night was passed comparatively tranquil; the quantity of matter which escaped through the mouth was considerable, largely staining the pillow. The next day, the boy was able to play with his brothers, and subsequently his improvement was progressive, though slow.

The next case is very similar, save that the child was an infant at the breast, the abscess below the level of the tongue, and the fluctuation more obscure. A peculiar instrument, therefore, became necessary. It consisted of a trochar about four inches long, one extremity of the cannula being slightly curved, the other with a ring on its upper surface to receive the fore-finger; into this cannula was passed a jointed stilette, with, at its opposito extremity, a ring for the thumb, and a moveable screw to graduate the projection of its point.

The head of the child being firmly supported, Dr. Fleming passed the fore-finger of the left hand towards the back of the pharynx, there resting the point of it, and guiding the armed trochar with the concealed stilette along it, accurately fixed it on the tumour, pressed forwards the stilette to its limited mark.

Dr. Fleming has not seen any similar acute case in the adult. But some have been related—one by Sir Astley Cooper—one in the Dictionnaire de Medecine et de Chirurgie Pratique, under the head "Pharyngotome et Pharyngotomie."* In all these cases, the abscess was formed before it was suspected.

Dr. Fleming makes some lengthened observations on these cases, but, though instructive, we can not go into them. We think the one case we have quoted, together with the following summary of his opinions, will enable our readers to see their bearing in a sufficient degree.

"I consider this affection of the throat in children, when *acute* in its progress, as, often, an inflammation of a lymphatic gland, situated at the back of the pharynx; an inflammation extremely rapid in its progress to suppuration from its particular position; that I would watch for it during the period of difficult dentition, and in the several cutaneous affections or diseases of the gastro-intestinal mucous membranes to which children are liable; and that I would consider as strongly pathognomic of its presence the following symptoms:—

Fever, more or less sthenic in its character according to the peculiarity of constitution of the child, is always present, and, I think, precedes the development of the local symptoms.

These local symptoms are premonitory and essential.

The *premonitory*, indicative of *local* uneasiness, but yet common to all affections of the throat; complained of, or otherwise, according to the age of the child, and on examination, not accompanied with proportionate visible lesion. The *essential*, often very suddenly supervening, and indicated by derangement of the cerebral, circulating, and respiratory systems, alternating with the comparatively healthy condition of those systems, according to the alteration in the position of the individual.—Fixed and retracted state of the head, with rigidity of the muscles at the back of the neck, and more or less locked state of the

* [A case is recorded in Porter's work on the Surgical Pathology of the Larynx and Trachea. (See *Philad. Journ. Med. and Phys. Sc.*, Vol. xiv. p. 371.) See also this Journal, Vol. vii. p. 250. EDITOR.]

jaws.—Painful deglutition, impossibility of swallowing solids, and fluids convulsively darted forward through the mouth and nose.—Repeated acts of deglutition without the presence of any fluid in the mouth, and, on examination of the fauces, a firm, projecting tumour felt beyond the base of the tongue, and if seen, presenting a smooth, rounded, highly vascular appearance behind the soft palate usually occupying the median line, but occasionally inclining to either side. These *essential* symptoms accompanied with the ordinary characteristics of suppurative fever.

When such symptoms are present, an abscess should be looked for, and an opening (if there are any indications) should be cautiously made.—*Med. Chir. Rev.* from *Dublin Journal*, March, 1840.

27. *Neuralgic Pains of the Abdomen after parturition simulating puerperal peritonitis.*—Dr. Golding Bird communicated to the Westminster Medical Society, at their meeting April 11th, 1840, the result of his observations on the nature and treatment of those severe neuralgic pains of the abdomen occurring after parturition, in women of nervous temperament, and the subjects of uterine irritation. These pains, from their severity, and from their being ushered in by rigors, followed by heat and sweating, were very likely to be, and often have been, mistaken for peritonitis—an error of immense importance, as the depleting and depressing measures generally required in the treatment of the latter diseases were almost always injurious and even dangerous to patients labouring under the particular form of neuralgia in question. As a brief outline of the symptoms presented in these cases, it may be observed, that a woman previously the subject of uterine irritation, as shown by painful menstruation, leucorrhœa, or wandering pains in the hips, loins, and back, becomes pregnant, and passes through the period of utero-gestation tolerably well; labour ensues, and all does well for a space of time, varying from a few hours to two or three weeks, when from the slightest exciting cause, as, a few hours' constipation, the ingestion of some injurious article of diet, an arrest of any one of the secretions, but especially of the cutaneous transpiration, or a direct stimulus applied to the generative organs a peculiar train of symptoms sets in, preceded by severe rigors, heat, and sweating, and consisting of intense pain over the abdomen, but especially about the uterine region, coming on in paroxysms every ten or fifteen minutes, or sometimes at longer intervals, causing the patient to scream out, and writhe in agony like a person in a fit of colic; excessive neuralgic tenderness of the whole abdomen being present in the absence of the paroxysms of pain. Slight delirium and intense depression of spirits mark these attacks; the lochiæ cease on their onset; the pulse is generally very rapid, but small, yet jerking like an hæmorrhagic pulse; the tongue variably, according to the state of the intestinal tube; the skin generally soft and moist; sometimes, although rarely, warm and dry.

The diagnosis of this disease from peritonitis is not very difficult, if attention be paid to the character of the symptoms. The occurrence of the pain in paroxysms, the inability to retain a fixed position in bed, the capability of supporting pressure on the abdomen when the patient's attention is arrested by an abrupt question, or her infant's cries, will generally serve to distinguish this neuralgic affection from peritonitis. With regard to bleeding these patients in an upright position, to distinguish between neuralgia and peritonitis, Dr. Bird expressed his dissent from its approved value, as he had seen many instances in which patients labouring under uterine neuralgia had borne the loss of immense quantities of blood not only without fainting, but without immediate appearances of depression, although, in a few hours afterwards, the alarming state of depression which appeared, sufficiently indicated the injurious influences of the bleeding.

The treatment of these cases depends greatly upon circumstances; in general, supporting the patient by a bland and nutritious diet, application of very hot fomentations to the abdomen, the restoring whatever secretion appeared most deficient, and allaying the irritable state of the patient by sedatives, con-